

MISSOURI DEPARTMENT OF HIGHER EDUCATION
MISSOURI DHE STUDENT LOAN PROGRAM
3515 Amazonas Drive, Jefferson City, MO 65109
(800) 473-6757; (573) 751-3940

PHYSICIAN'S STATEMENT OF CONDITION

Section 1 - Borrower Information (To be completed by borrower)

SSN: _____
 Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone: _____

Borrower Authorization, Understanding, & Certification:

I authorize any physician, hospital or other institution having records about the impairment or condition for which I had previously requested discharge of my Federal Family Education Loans to make information from these records available to the Missouri Department of Higher Education.

 Borrower (Borrower's Representative) Signature/Date

Section 2 - Physician's Certification (To be completed by physician)

Instructions for Physician: You are being asked to complete and sign this form to certify that the aforementioned person whose loan(s) were previously discharged due to a total and permanent disability is presently able to engage in substantial gainful activity because the disabling impairment or condition has substantially improved.

Diagnosis of the aforementioned person's present medical condition:

Borrower is: Ambulatory _____ Other _____

When did the aforementioned person's impairment or condition substantially improve?

 (mm/dd/ccyy)

Prognosis: _____

I certify that I am a doctor of medicine or osteopathy and legally authorized to practice and that in my best professional judgement, the person named above is able to engage in substantial gainful activity, i.e., work and earn money.

Physician's Signature/Date: _____

Physician's Name (typed/print): _____

Address: _____

City, State, Zip: _____

Telephone: _____

State of Professional Registration: _____

Professional Registration Number: _____

PLEASE RETURN THIS FORM TO THE MO. DEPT. OF HIGHER EDUCATION
AT THE ADDRESS LISTED ABOVE

BORROWER ACKNOWLEDGEMENT

(NOTE: The borrower's signature on this document must be notarized.)

I, the undersigned, do hereby acknowledge that any subsidized and/or unsubsidized Federal Stafford or PLUS loan(s) disbursed on or subsequent to the date this acknowledgement is signed and entered into may not be discharged in the future based on any impairment or condition described in the attached "Physician's Statement of Condition", **unless** that impairment or condition substantially deteriorates to the status of a total and permanent disability as it is defined in 34 CFR 682.200*.

*34 CFR 682.200 defines total and permanent disability as the condition of an individual who is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.

Borrower's signature

DATE: _____

STATE OF MISSOURI)
) ss.

COUNTY OF _____)

_____, being duly sworn on his/her oath, states that the matters set forth in the foregoing document are true and correct according to the best of his/her knowledge, information and belief.

Borrower's signature

Subscribed and sworn to before me this _____ day of _____, _____
(year)

My commission expires:

Notary Public

PLEASE RETURN THIS FORM WITH THE PHYSICIAN'S STATEMENT OF CONDITION TO:

Missouri Department of Higher Education, Missouri DHE Student Loan Program
3515 Amazonas Drive, Jefferson City, MO 65109

Disability/New Loan Certification Package #1 -- For borrowers whose loans were:

- 1) discharged before July 1, 2001
- 2) discharged between July 1, 2001 and June 30, 2002, and who applied for a new loan more than three years from the date the borrower became disabled; and
- 3) finally discharged on or after July 1, 2002.